

Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves. Please have all of your information handy (including your most recent Court Parenting Time (Visitation) Order) when you are answering these questions. You will also need a copy of the Court Parenting Time (Visitation) Order to attach to your motion as an exhibit.

Look at your most recent visitation order while answering the first six questions:

1. What is the name of the County? _____
2. What is the Case Number? _____
(The Case Number is very important; please make sure to copy it **exactly** as it appears on the court papers)
3. If you were married to your child(ren)'s other parent, select "MARRIAGE." If you were not married to your child(ren)'s other parent, select "PATERNITY."

4. What are the names of your children that are listed to the right of MARRIAGE or PATERNITY?

5. What is the full name of the Petitioner? (This will either be your name or the other party's name)

6. What is the full name of the Respondent? (This will either be your name or the other party's name)

7. If you are the Petitioner, select the "X" next to Petitioner; if you are the Respondent, select the "X" next to Respondent. _____ Petitioner _____ Respondent
8. What is your full name?

9. What is your street address?

10. What is your town, state, and ZIP Code?

11. What is your telephone number, with area code? _____
12. What is your email address? _____
13. If you have a fax machine number and want to receive service by fax machine, what is your fax machine number, with area code? _____
14. If you have used the Attorney General Confidential address in any related cases, select "X": _____

15. What is the full name of the other party?

16. If the other party is represented by an attorney, what is the full name of the attorney?

17. If the other party is represented by an attorney, what is his/her street address? If they do not have an attorney, what is the other party's street address?

18. What is the town, state and ZIP Code of the attorney/other party?

19. Are there are other Court cases involving yourself and the other party? ____ Yes ____ No

20. If you selected "Yes," for each case you and the other party are involved, what is the name of the Court and Case Number. If you selected "No," skip to the next question.

Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____

21. How many children do you and the other party have together that are under the age of 21? _____

22. What are the full name(s), birthday(s) and Social Security Number(s) of the child(ren) you and the other party have together that are under the age of 21?

Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	

23. What is the date of the Court Parenting Time (Visitation) Order? _____

24. What is the name of the person who was awarded custody of the child(ren)?

25. What is the name of the person who was awarded parenting time (visitation) rights?

26. *Briefly and specifically explain* how the other party has violated your parenting time (visitation) rights. State dates, times, and locations of the violation:

27. If you want the other party to be given these papers at their house, select “lives”; if you want the other side to be given these papers at their place of employment, select “works”: _____

28. Type the address for the other party where you want them to be given these papers. If you selected “lives” above, type the address of their residence; if you selected “works” above, type the name and complete address of their place of employment:

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. Once you have printed this packet, make sure you sign it on the Signature line. Your signature must be on these forms before you make copies and file it with the court.

PLEASE NOTE: There is a blank line in the paragraph named Certificate of Service. Before you make your copies, you MUST write the date you will be filing the forms on this blank line.

STATE OF INDIANA) IN THE SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE OF:

Petitioner,

V.

Respondent.

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

Initiating (filing) _____;

Responding (answering or defending) _____; or

Intervening _____;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

X Yes No

Caption:_____ Case Number: _____

Self-Represented Party

NOT FOR PUBLIC ACCESS
IN ACCORDANCE WITH ADMINISTRATIVE RULE 9

ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS, TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER

ATTORNEYS MUST SUBMIT THIS FORM ON LIGHT GREEN PAPER. SEE BOTTOM OF PAGE FOR TEXT OF TRIAL RULE 5 (G) (2)

STATE OF INDIANA) IN THE SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF) CASE NO.

IN RE THE OF:

Petitioner,

V.

Respondent.

CIVIL APPEARANCE FORM

Item 5 (Social Security numbers of all family members in cases involving support):

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Name: _____ SS # _____

Item 8 (Social Security number of person who is subject to involuntary commitment):

Name: _____ SS # _____

When only a portion of a document contains information excluded from public access pursuant to Administrative Rule 9(G)(1), said information shall be omitted [or redacted] from the filed document and set forth on a separate accompanying document on **light green paper** conspicuously marked "Not For Public Access" and clearly designating [or identifying] the caption and number of the case and the document and location within the document to which the redacted material pertains.

NOT FOR PUBLIC ACCESS

STATE OF INDIANA

) IN THE

SUPERIOR/CIRCUIT COURT

COUNTY OF

) SS:

) CASE NO.

IN RE THE

OF:

Petitioner,

V.

Respondent.

VERIFIED MOTION FOR CONTEMPT
REGARDING PARENTING TIME (VISITATION) ORDER

Comes now _____, pro se, and states the following:

1. That parties have _____ minor child(ren) together, namely:

Name

Date of birth

_____	_____
_____	_____
_____	_____
_____	_____

2. That on _____, this Court entered the current Parenting Time (Visitation) Order in this case (a copy is attached to this Motion as an exhibit);

3. That _____ was awarded custody of the child(ren);

4. That _____ was awarded Parenting Time (Visitation) rights;

5. That since the date of such Order, _____ has violated the above order by:

6. That a hearing should be set to hear the issue contained herein.

WHEREFORE, _____ requests that this Court set this matter for hearing, and upon hearing, find the other side in contempt for violating my Parenting Time (Visitation) rights, and order all other further relief that is just and proper in the premises.

I affirm under the penalties of perjury that the foregoing representations are true.

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Motion by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on _____.

Signature

STATE OF INDIANA

) IN THE
) SS:
) CASE NO.

SUPERIOR/CIRCUIT COURT

COUNTY OF

IN RE THE

OF:

Petitioner,

V.

Respondent.

TO:

ORDER TO APPEAR AND NOTICE OF HEARING

A Verified Motion for Contempt Regarding Parenting Time (Visitation) Order has been filed in this Court in this case. **IT IS THEREFORE ORDERED** by the Court that

_____, who _____ at

IS ORDERED TO APPEAR in the _____ Superior/Circuit Court, located at

Indiana, on the ____ day of _____, 20____, at _____, ____m., to explain why such person should not be punished for contempt of this Court's Parenting Time (Visitation) Order. Failure to appear if properly served may result in a warrant for your arrest.

Dated: _____

Judge

CLERK'S CERTIFICATE OF MAILING

I certify that on the ____ day of _____, 20____, I mailed a copy of this Motion for Contempt to the Defendant by certified mail requesting a return receipt.

DATED this ____ day of _____, 20____.

CLERK

CLERK'S RETURN OF SERVICE ACCEPTED BY MAIL

I hereby certify that service of this Motion for Contempt with return receipt requested was mailed and that a copy of the return receipt was received by defendant the ____ day of _____, 20____, which copy is attached.

DATED this ____ day of _____, 20____.

CLERK

CLERK'S CERTIFICATE OF SERVICE NOT ACCEPTED BY MAIL

I hereby certify that I mailed a copy of this Motion for Contempt to the Defendant by certified mail, and the same was returned without acceptance this ____ day of _____, 20____.

DATED this ____ day of _____, 20____.

CLERK

SHERIFF'S RETURN OF SERVICE

This Motion for Contempt came to hand on the ____ day of _____, 20____, and I served the same on the ____ day of _____, 20____:

- 1.____By delivering a copy of the Motion for Contempt personally to the Defendant.
- 2.____By leaving a copy of the Motion for Contempt at the dwelling or usual place of abode of the Defendant; and mailing a copy of the Motion for Contempt to the Defendant at the Defendant's last known address.
- 3.____By serving Defendant's agent as provided by rule statute or valid agreement, and mailing a copy of this Motion for Contempt to Defendant at Defendant's last known address.
- 4.____Defendant cannot be found in my bailiwick, and this Motion for Contempt was not served.

AND I NOW RETURN THIS _____ THIS ____ day _____, 20____.

SHERIFF